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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pienkos, John T.
Serial No.: 09/694,402
Filing Date: October 22, 2000
Title: SYSTEM AND METHOD FOR PROVIDING
REDUCED INSURANCE PREMIUMS
Examiner: Carolyn M. Bleck
Art Unit: 3626

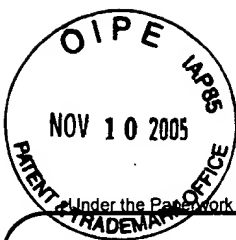
AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam:

In response to the Office Action dated August 5, 2005 and the Interview with the Examiner that was the subject of the Interview Summary mailed by the Examiner on August 23, 2005, the Applicant respectfully provides the following Remarks and Amendments

Amendments to the claims are reflected in the listing of claims that begins on page 2 of this paper.



AF

TFW
3626

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application Number

09/694,402

Filing Date

10/22/2000

First Named Inventor

JOHN T. PIENKOS

Art Unit

3626

Examiner Name

CAROLYN M. BLECK

Attorney Docket Number

—

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):Return Receipt
Postcard**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Signature

Printed name

Date

11/7/05

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JOHN T. PIENKOS

Date

11/7/05

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